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1 AMENDMENT TO SENATE BILL 627

2 AMENDMENT NO. _____. Amend Senate Bill 627 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Veterans' Health Insurance Program Act.

6 Section 3. Legislative intent. The General Assembly finds
7 that those who have served their country honorably in military
8 service and who are residing in this State deserve access to
9 affordable, comprehensive health insurance. Many veterans are
10 uninsured, unable to afford healthcare, and reside far from a
11 medical facility of the United States Veterans' Health
12 Administration (VHA), leaving them without access to health
13 care. This lack of healthcare, including preventative care,
14 often exacerbates health conditions. The effects of lack of
15 insurance negatively impact those residents of the State who
16 are insured because the cost of paying for care to the
17 uninsured is often shifted to those who have insurance in the
18 form of higher health insurance premiums. It is, therefore, the
19 intent of this legislation to provide access to affordable
20 health insurance for veterans residing in Illinois who are
21 unable to afford such coverage.

22 Section 5. Definitions. The following words have the
23 following meanings:

1 "Department" means the Department of Healthcare and Family
2 Services, or any successor agency.

3 "Director" means the Director of Healthcare and Family
4 Services, or any successor agency.

5 "Medical assistance" means health care benefits provided
6 under Article V of the Illinois Public Aid Code.

7 "Program" means the Veterans' Health Insurance Program.

8 "Resident" means an individual who has an Illinois
9 residence, as provided in Section 5-3 of the Illinois Public
10 Aid Code.

11 "Veteran" means any person who has served in a branch of
12 the United States military for greater than 180 consecutive
13 days after initial training.

14 "Veterans' Affairs" or "VA" means the United States
15 Department of Veterans' Affairs.

16 Section 10. Operation of the Program. The Veterans' Health
17 Insurance Program is created. As soon as practical after the
18 effective date of this Act, coverage for this Program shall
19 begin. The Program shall be administered by the Department of
20 Healthcare and Family Services in collaboration with the
21 Department of Veterans' Affairs. The Department shall have the
22 same powers and authority to administer the Program as are
23 provided to the Department in connection with the Department's
24 administration of the Illinois Public Aid Code. The Department
25 shall coordinate the Program with other health programs
26 operated by the Department and other State and federal
27 agencies.

28 Section 15. Eligibility.

29 (a) To be eligible for the Program, a person must:

30 (1) be a veteran who is not on active duty and who has
31 not been dishonorably discharged from service;

32 (2) be a resident of the State of Illinois;

1 (3) be at least 19 years of age and no older than 64
2 years of age;

3 (4) be uninsured, as defined by the Department by rule,
4 for a period of time established by the Department by rule,
5 which shall be no less than 6 months;

6 (5) not be eligible for medical assistance under the
7 Illinois Public Aid Code;

8 (6) reside too far from a medical facility of the VHA
9 to have reasonable access, as defined by the Department by
10 rule, to VHA healthcare; and

11 (7) have an income no greater than 100% of the federal
12 poverty level, unless the Department establishes a higher
13 or lower income threshold by rule, depending on available
14 funding for the Program.

15 (b) A veteran who is determined to be eligible for the
16 Program shall remain eligible for 12 months, provided the
17 veteran remains a resident of the State and is not excluded
18 under subsection (c) of this Section.

19 (c) A veteran is not eligible for coverage under the
20 Program if:

21 (1) the premium required under Section 35 of this Act
22 has not been timely paid; if the required premiums are not
23 paid, the liability of the Program shall be limited to
24 benefits incurred under the Program for the time period for
25 which premiums have been paid and for grace periods as
26 established under subsection (d) below; if the required
27 monthly premium is not paid, the veteran is ineligible for
28 re-enrollment for a minimum period of 3 months; or

29 (2) the veteran is a resident of a nursing facility or
30 an inmate of a public institution, as defined by 42 CFR
31 435.1009.

32 (d) The Department shall adopt rules for the Program,
33 including, but not limited to, rules relating to eligibility,
34 re-enrollment, grace periods, notice requirements, hearing

1 procedures, what constitutes reasonable access to healthcare,
2 cost-sharing, covered services, provider requirements, and
3 rates of payment.

4 Section 20. Notice of decisions to terminate eligibility.
5 Whenever the Department decides to either deny or terminate
6 eligibility under this Act, the veteran shall have a right to
7 notice and a hearing, as provided by the Department by rule.

8 Section 25. Illinois Department of Veterans' Affairs. The
9 Department shall coordinate with the Illinois Department of
10 Veterans' Affairs to allow State Veterans' Affairs service
11 officers to assist veterans to apply for the Program.

12 Section 30. Health care benefits.

13 (a) The Department shall purchase or provide health care
14 benefits for eligible veterans that are identical to the
15 benefits provided to adults under the State's approved plan
16 under Title XIX of the Social Security Act, except for nursing
17 facility services and non-emergency transportation.

18 (b) Providers shall be subject to approval by the
19 Department to provide health care under the Illinois Public Aid
20 Code and shall be reimbursed at the same rates as providers
21 reimbursed under the State's approved plan under Title XIX of
22 the Social Security Act.

23 (c) As an alternative to the benefits set forth in
24 subsection (a) of this Section, and when cost-effective, the
25 Department may offer veterans subsidies toward the cost of
26 privately sponsored health insurance, including
27 employer-sponsored health insurance.

28 Section 35. Cost-sharing. The Department, by rule, shall
29 set forth requirements concerning co-payments and monthly
30 premiums for health care services. This cost-sharing shall be

1 based on income, as defined by the Department by rule, and
2 excluding federal veterans cash benefits.

3 Section 40. Charge upon claims and causes of action; right
4 of subrogation; recoveries. Sections 11-22, 11-22a, 11-22b,
5 and 11-22c of the Illinois Public Aid Code apply to health
6 benefits provided to veterans under this Act, as provided in
7 those Sections.

8 Section 45. Emergency rulemaking. The Department may adopt
9 rules necessary to establish and implement this Act through the
10 use of emergency rulemaking in accordance with Section 5-45 of
11 the Illinois Administrative Procedures Act. For the purposes of
12 that Act, the General Assembly finds that the adoption of rules
13 to implement this Act is deemed an emergency and necessary for
14 the public interest, safety, and welfare.

15 Section 50. The Illinois Public Aid Code is amended by
16 changing Sections 11-22, 11-22a, 11-22b, and 11-22c as follows:

17 (305 ILCS 5/11-22) (from Ch. 23, par. 11-22)

18 (Text of Section after amendment by P.A. 94-693)

19 Sec. 11-22. Charge upon claims and causes of action for
20 injuries. The Illinois Department shall have a charge upon all
21 claims, demands and causes of action for injuries to an
22 applicant for or recipient of (i) financial aid under Articles
23 III, IV, and V, ~~or~~ (ii) health care benefits provided under the
24 Covering ALL KIDS Health Insurance Act, or (iii) health care
25 benefits provided under the Veterans' Health Insurance Program
26 Act for the total amount of medical assistance provided the
27 recipient from the time of injury to the date of recovery upon
28 such claim, demand or cause of action. In addition, if the
29 applicant or recipient was employable, as defined by the
30 Department, at the time of the injury, the Department shall

1 also have a charge upon any such claims, demands and causes of
2 action for the total amount of aid provided to the recipient
3 and his dependents, including all cash assistance and medical
4 assistance only to the extent includable in the claimant's
5 action, from the time of injury to the date of recovery upon
6 such claim, demand or cause of action. Any definition of
7 "employable" adopted by the Department shall apply only to
8 persons above the age of compulsory school attendance.

9 If the injured person was employable at the time of the
10 injury and is provided aid under Articles III, IV, or V and any
11 dependent or member of his family is provided aid under Article
12 VI, or vice versa, both the Illinois Department and the local
13 governmental unit shall have a charge upon such claims, demands
14 and causes of action for the aid provided to the injured person
15 and any dependent member of his family, including all cash
16 assistance, medical assistance and food stamps, from the time
17 of the injury to the date of recovery.

18 "Recipient", as used herein, means (i) in the case of
19 financial aid provided under this Code, the grantee of record
20 and any persons whose needs are included in the financial aid
21 provided to the grantee of record or otherwise met by grants
22 under the appropriate Article of this Code for which such
23 person is eligible, ~~and~~ (ii) in the case of health care
24 benefits provided under the Covering ALL KIDS Health Insurance
25 Act, the child to whom those benefits are provided, and (iii)
26 in the case of health care benefits provided under the
27 Veterans' Health Insurance Program Act, the veteran to whom
28 benefits are provided.

29 In each case, the notice shall be served by certified mail
30 or registered mail, upon the party or parties against whom the
31 applicant or recipient has a claim, demand or cause of action.
32 The notice shall claim the charge and describe the interest the
33 Illinois Department, the local governmental unit, or the
34 county, has in the claim, demand, or cause of action. The

1 charge shall attach to any verdict or judgment entered and to
2 any money or property which may be recovered on account of such
3 claim, demand, cause of action or suit from and after the time
4 of the service of the notice.

5 On petition filed by the Illinois Department, or by the
6 local governmental unit or county if either is claiming a
7 charge, or by the recipient, or by the defendant, the court, on
8 written notice to all interested parties, may adjudicate the
9 rights of the parties and enforce the charge. The court may
10 approve the settlement of any claim, demand or cause of action
11 either before or after a verdict, and nothing in this Section
12 shall be construed as requiring the actual trial or final
13 adjudication of any claim, demand or cause of action upon which
14 the Illinois Department, the local governmental unit or county
15 has charge. The court may determine what portion of the
16 recovery shall be paid to the injured person and what portion
17 shall be paid to the Illinois Department, the local
18 governmental unit or county having a charge against the
19 recovery. In making this determination, the court shall conduct
20 an evidentiary hearing and shall consider competent evidence
21 pertaining to the following matters:

22 (1) the amount of the charge sought to be enforced
23 against the recovery when expressed as a percentage of the
24 gross amount of the recovery; the amount of the charge
25 sought to be enforced against the recovery when expressed
26 as a percentage of the amount obtained by subtracting from
27 the gross amount of the recovery the total attorney's fees
28 and other costs incurred by the recipient incident to the
29 recovery; and whether the Department, unit of local
30 government or county seeking to enforce the charge against
31 the recovery should as a matter of fairness and equity bear
32 its proportionate share of the fees and costs incurred to
33 generate the recovery from which the charge is sought to be
34 satisfied;

1 (2) the amount, if any, of the attorney's fees and
2 other costs incurred by the recipient incident to the
3 recovery and paid by the recipient up to the time of
4 recovery, and the amount of such fees and costs remaining
5 unpaid at the time of recovery;

6 (3) the total hospital, doctor and other medical
7 expenses incurred for care and treatment of the injury to
8 the date of recovery therefor, the portion of such expenses
9 theretofore paid by the recipient, by insurance provided by
10 the recipient, and by the Department, unit of local
11 government and county seeking to enforce a charge against
12 the recovery, and the amount of such previously incurred
13 expenses which remain unpaid at the time of recovery and by
14 whom such incurred, unpaid expenses are to be paid;

15 (4) whether the recovery represents less than
16 substantially full recompense for the injury and the
17 hospital, doctor and other medical expenses incurred to the
18 date of recovery for the care and treatment of the injury,
19 so that reduction of the charge sought to be enforced
20 against the recovery would not likely result in a double
21 recovery or unjust enrichment to the recipient;

22 (5) the age of the recipient and of persons dependent
23 for support upon the recipient, the nature and permanency
24 of the recipient's injuries as they affect not only the
25 future employability and education of the recipient but
26 also the reasonably necessary and foreseeable future
27 material, maintenance, medical, rehabilitative and
28 training needs of the recipient, the cost of such
29 reasonably necessary and foreseeable future needs, and the
30 resources available to meet such needs and pay such costs;

31 (6) the realistic ability of the recipient to repay in
32 whole or in part the charge sought to be enforced against
33 the recovery when judged in light of the factors enumerated
34 above.

1 The burden of producing evidence sufficient to support the
2 exercise by the court of its discretion to reduce the amount of
3 a proven charge sought to be enforced against the recovery
4 shall rest with the party seeking such reduction.

5 The court may reduce and apportion the Illinois
6 Department's lien proportionate to the recovery of the
7 claimant. The court may consider the nature and extent of the
8 injury, economic and noneconomic loss, settlement offers,
9 comparative negligence as it applies to the case at hand,
10 hospital costs, physician costs, and all other appropriate
11 costs. The Illinois Department shall pay its pro rata share of
12 the attorney fees based on the Illinois Department's lien as it
13 compares to the total settlement agreed upon. This Section
14 shall not affect the priority of an attorney's lien under the
15 Attorneys Lien Act. The charges of the Illinois Department
16 described in this Section, however, shall take priority over
17 all other liens and charges existing under the laws of the
18 State of Illinois with the exception of the attorney's lien
19 under said statute.

20 Whenever the Department or any unit of local government has
21 a statutory charge under this Section against a recovery for
22 damages incurred by a recipient because of its advancement of
23 any assistance, such charge shall not be satisfied out of any
24 recovery until the attorney's claim for fees is satisfied,
25 irrespective of whether or not an action based on recipient's
26 claim has been filed in court.

27 This Section shall be inapplicable to any claim, demand or
28 cause of action arising under (a) the Workers' Compensation Act
29 or the predecessor Workers' Compensation Act of June 28, 1913,
30 (b) the Workers' Occupational Diseases Act or the predecessor
31 Workers' Occupational Diseases Act of March 16, 1936; and (c)
32 the Wrongful Death Act.

33 (Source: P.A. 94-693, eff. 7-1-06.)

1 (305 ILCS 5/11-22a) (from Ch. 23, par. 11-22a)

2 (Text of Section after amendment by P.A. 94-693)

3 Sec. 11-22a. Right of Subrogation. To the extent of the
4 amount of (i) medical assistance provided by the Department to
5 or on behalf of a recipient under Article V or VI, ~~or~~ (ii)
6 health care benefits provided for a child under the Covering
7 ALL KIDS Health Insurance Act, or (iii) health care benefits
8 provided to a veteran under the Veterans' Health Insurance
9 Program Act, the Department shall be subrogated to any right of
10 recovery such recipient may have under the terms of any private
11 or public health care coverage or casualty coverage, including
12 coverage under the "Workers' Compensation Act", approved July
13 9, 1951, as amended, or the "Workers' Occupational Diseases
14 Act", approved July 9, 1951, as amended, without the necessity
15 of assignment of claim or other authorization to secure the
16 right of recovery to the Department. To enforce its subrogation
17 right, the Department may (i) intervene or join in an action or
18 proceeding brought by the recipient, his or her guardian,
19 personal representative, estate, dependents, or survivors
20 against any person or public or private entity that may be
21 liable; (ii) institute and prosecute legal proceedings against
22 any person or public or private entity that may be liable for
23 the cost of such services; or (iii) institute and prosecute
24 legal proceedings, to the extent necessary to reimburse the
25 Illinois Department for its costs, against any noncustodial
26 parent who (A) is required by court or administrative order to
27 provide insurance or other coverage of the cost of health care
28 services for a child eligible for medical assistance under this
29 Code and (B) has received payment from a third party for the
30 costs of those services but has not used the payments to
31 reimburse either the other parent or the guardian of the child
32 or the provider of the services.

33 (Source: P.A. 94-693, eff. 7-1-06.)

1 (305 ILCS 5/11-22b) (from Ch. 23, par. 11-22b)

2 (Text of Section after amendment by P.A. 94-693)

3 Sec. 11-22b. Recoveries.

4 (a) As used in this Section:

5 (1) "Carrier" means any insurer, including any private
6 company, corporation, mutual association, trust fund,
7 reciprocal or interinsurance exchange authorized under the
8 laws of this State to insure persons against liability or
9 injuries caused to another and any insurer providing benefits
10 under a policy of bodily injury liability insurance covering
11 liability arising out of the ownership, maintenance or use of a
12 motor vehicle which provides uninsured motorist endorsement or
13 coverage.

14 (2) "Beneficiary" means any person or their dependents who
15 has received benefits or will be provided benefits under this
16 Code, ~~or~~ under the Covering ALL KIDS Health Insurance Act, or
17 under the Veterans' Health Insurance Program Act because of an
18 injury for which another person may be liable. It includes such
19 beneficiary's guardian, conservator or other personal
20 representative, his estate or survivors.

21 (b) (1) When benefits are provided or will be provided to a
22 beneficiary under this Code, ~~or~~ under the Covering ALL KIDS
23 Health Insurance Act, or under the Veterans' Health Insurance
24 Program Act because of an injury for which another person is
25 liable, or for which a carrier is liable in accordance with the
26 provisions of any policy of insurance issued pursuant to the
27 Illinois Insurance Code, the Illinois Department shall have a
28 right to recover from such person or carrier the reasonable
29 value of benefits so provided. The Attorney General may, to
30 enforce such right, institute and prosecute legal proceedings
31 against the third person or carrier who may be liable for the
32 injury in an appropriate court, either in the name of the
33 Illinois Department or in the name of the injured person, his
34 guardian, personal representative, estate, or survivors.

1 (2) The Department may:

2 (A) compromise or settle and release any such claim
3 for benefits provided under this Code, or

4 (B) waive any such claims for benefits provided
5 under this Code, in whole or in part, for the
6 convenience of the Department or if the Department
7 determines that collection would result in undue
8 hardship upon the person who suffered the injury or, in
9 a wrongful death action, upon the heirs of the
10 deceased.

11 (3) No action taken on behalf of the Department
12 pursuant to this Section or any judgment rendered in such
13 action shall be a bar to any action upon the claim or cause
14 of action of the beneficiary, his guardian, conservator,
15 personal representative, estate, dependents or survivors
16 against the third person who may be liable for the injury,
17 or shall operate to deny to the beneficiary the recovery
18 for that portion of any damages not covered hereunder.

19 (c) (1) When an action is brought by the Department
20 pursuant to subsection (b), it shall be commenced within the
21 period prescribed by Article XIII of the Code of Civil
22 Procedure.

23 However, the Department may not commence the action
24 prior to 5 months before the end of the applicable period
25 prescribed by Article XIII of the Code of Civil Procedure.
26 Thirty days prior to commencing an action, the Department
27 shall notify the beneficiary of the Department's intent to
28 commence such an action.

29 (2) The death of the beneficiary does not abate any
30 right of action established by subsection (b).

31 (3) When an action or claim is brought by persons
32 entitled to bring such actions or assert such claims
33 against a third person who may be liable for causing the
34 death of a beneficiary, any settlement, judgment or award

1 obtained is subject to the Department's claim for
2 reimbursement of the benefits provided to the beneficiary
3 under this Code, ~~or~~ under the Covering ALL KIDS Health
4 Insurance Act, or under the Veterans' Health Insurance
5 Program Act.

6 (4) When the action or claim is brought by the
7 beneficiary alone and the beneficiary incurs a personal
8 liability to pay attorney's fees and costs of litigation,
9 the Department's claim for reimbursement of the benefits
10 provided to the beneficiary shall be the full amount of
11 benefits paid on behalf of the beneficiary under this Code, ~~or~~
12 ~~or~~ under the Covering ALL KIDS Health Insurance Act, or
13 under the Veterans' Health Insurance Program Act less a pro
14 rata share which represents the Department's reasonable
15 share of attorney's fees paid by the beneficiary and that
16 portion of the cost of litigation expenses determined by
17 multiplying by the ratio of the full amount of the
18 expenditures of the full amount of the judgment, award or
19 settlement.

20 (d) (1) If either the beneficiary or the Department brings
21 an action or claim against such third party or carrier, the
22 beneficiary or the Department shall within 30 days of filing
23 the action give to the other written notice by personal service
24 or registered mail of the action or claim and of the name of
25 the court in which the action or claim is brought. Proof of
26 such notice shall be filed in such action or claim. If an
27 action or claim is brought by either the Department or the
28 beneficiary, the other may, at any time before trial on the
29 facts, become a party to such action or claim or shall
30 consolidate his action or claim with the other if brought
31 independently.

32 (2) If an action or claim is brought by the Department
33 pursuant to subsection (b)(1), written notice to the
34 beneficiary, guardian, personal representative, estate or

1 survivor given pursuant to this Section shall advise him of
2 his right to intervene in the proceeding, his right to
3 obtain a private attorney of his choice and the
4 Department's right to recover the reasonable value of the
5 benefits provided.

6 (e) In the event of judgment or award in a suit or claim
7 against such third person or carrier:

8 (1) If the action or claim is prosecuted by the
9 beneficiary alone, the court shall first order paid from
10 any judgment or award the reasonable litigation expenses
11 incurred in preparation and prosecution of such action or
12 claim, together with reasonable attorney's fees, when an
13 attorney has been retained. After payment of such expenses
14 and attorney's fees the court shall, on the application of
15 the Department, allow as a first lien against the amount of
16 such judgment or award the amount of the Department's
17 expenditures for the benefit of the beneficiary under this
18 Code, ~~or~~ under the Covering ALL KIDS Health Insurance Act,
19 or under the Veterans' Health Insurance Program Act, as
20 provided in subsection (c) (4).

21 (2) If the action or claim is prosecuted both by the
22 beneficiary and the Department, the court shall first order
23 paid from any judgment or award the reasonable litigation
24 expenses incurred in preparation and prosecution of such
25 action or claim, together with reasonable attorney's fees
26 for plaintiffs attorneys based solely on the services
27 rendered for the benefit of the beneficiary. After payment
28 of such expenses and attorney's fees, the court shall apply
29 out of the balance of such judgment or award an amount
30 sufficient to reimburse the Department the full amount of
31 benefits paid on behalf of the beneficiary under this Code,
32 ~~or~~ under the Covering ALL KIDS Health Insurance Act, or
33 under the Veterans' Health Insurance Program Act.

34 (f) The court shall, upon further application at any time

1 before the judgment or award is satisfied, allow as a further
2 lien the amount of any expenditures of the Department in
3 payment of additional benefits arising out of the same cause of
4 action or claim provided on behalf of the beneficiary under
5 this Code, ~~or~~ under the Covering ALL KIDS Health Insurance Act, ~~or~~
6 or under the Veterans' Health Insurance Program Act, when such
7 benefits were provided or became payable subsequent to the
8 original order.

9 (g) No judgment, award, or settlement in any action or
10 claim by a beneficiary to recover damages for injuries, when
11 the Department has an interest, shall be satisfied without
12 first giving the Department notice and a reasonable opportunity
13 to perfect and satisfy its lien.

14 (h) When the Department has perfected a lien upon a
15 judgment or award in favor of a beneficiary against any third
16 party for an injury for which the beneficiary has received
17 benefits under this Code, ~~or~~ under the Covering ALL KIDS Health
18 Insurance Act, or under the Veterans' Health Insurance Program
19 Act, the Department shall be entitled to a writ of execution as
20 lien claimant to enforce payment of said lien against such
21 third party with interest and other accruing costs as in the
22 case of other executions. In the event the amount of such
23 judgment or award so recovered has been paid to the
24 beneficiary, the Department shall be entitled to a writ of
25 execution against such beneficiary to the extent of the
26 Department's lien, with interest and other accruing costs as in
27 the case of other executions.

28 (i) Except as otherwise provided in this Section,
29 notwithstanding any other provision of law, the entire amount
30 of any settlement of the injured beneficiary's action or claim,
31 with or without suit, is subject to the Department's claim for
32 reimbursement of the benefits provided and any lien filed
33 pursuant thereto to the same extent and subject to the same
34 limitations as in Section 11-22 of this Code.

1 (Source: P.A. 94-693, eff. 7-1-06.)

2 (305 ILCS 5/11-22c) (from Ch. 23, par. 11-22c)

3 (Text of Section after amendment by P.A. 94-693)

4 Sec. 11-22c. (a) As used in this Section, "recipient" means
5 any person receiving financial assistance under Article IV or
6 Article VI of this Code, ~~or~~ receiving health care benefits
7 under the Covering ALL KIDS Health Insurance Act, or receiving
8 health care benefits under the Veterans' Health Insurance
9 Program Act.

10 (b) If a recipient maintains any suit, charge or other
11 court or administrative action against an employer seeking back
12 pay for a period during which the recipient received financial
13 assistance under Article IV or Article VI of this Code, ~~or~~
14 health care benefits under the Covering ALL KIDS Health
15 Insurance Act, or health care benefits under the Veterans'
16 Health Insurance Program Act, the recipient shall report such
17 fact to the Department. To the extent of the amount of
18 assistance provided to or on behalf of the recipient under
19 Article IV or Article VI, ~~or~~ health care benefits provided
20 under the Covering ALL KIDS Health Insurance Act, or health
21 care benefits provided under the Veterans' Health Insurance
22 Program Act, the Department may by intervention or otherwise
23 without the necessity of assignment of claim, attach a lien on
24 the recovery of back wages equal to the amount of assistance
25 provided by the Department to the recipient under Article IV or
26 Article VI, ~~or~~ under the Covering ALL KIDS Health Insurance
27 Act, or under the Veterans' Health Insurance Program Act.

28 (Source: P.A. 94-693, eff. 7-1-06.)

29 Section 97. Severability. The provisions of this Act are
30 severable under Section 1.31 of the Statute on Statutes.

31 Section 99. Effective date. This Act takes effect September

1 1, 2006.".